The Script System: An Unconscious Organization of Experience

Marye O'Reilly-Knapp & Richard G. Erskine

Abstract:

This article describes the script system with a case study to illustrate the four primary components: script beliefs; behavioral, fantasy and physiological manifestations; reinforcing experiences; and the intrapsychic process of repressed needs and feelings. The article was originally published in Life Scripts: A Transactional Analysis of Unconscious Relational Patterns, edited by Richard G. Erskine, reprinted with kind permission of Karnac Books.

Keywords: Script system; Unconscious organization; Integrative Transactional analysis psychotherapy

---

In early writings about Life Scripts, Berne (1958, 1961) describes the script as a complex set of transactions that determines the identity and destiny of the individual. He goes on to explain the script as similar to Freud's repetition compulsion and more like his destiny compulsion (Berne, 1966, p 302). Most of the Transactional Analysis literature regarding scripts has focused on the historical perspective. The literature has addressed how scripts have been transmitted through parental messages and injunctions, and a child's reactions, such as unconscious conclusions and explicit decisions. Additionally, some contemporary transactional analysts have examined several processes such as early child-parent attachment, shared language acquisition, and the expression of narrative as central in the formation of scripts. Each of these historical perspectives has provided the clinician with theories and concepts that have guided a variety of clinical interventions.

The Script System

The script system was designed to provide a way to analyze how the script is active in life today. Rather than taking an historical perspective, the script system identifies how the decisions, conclusions, reactions, and/or introjections are unconsciously operationalized in current life as core beliefs, overt behaviors,

fantasies and obsessions, internal physical sensations, and reinforcing memories. The intrapsychic dynamics of the script system serve to keep the original needs and feelings that were present at the time of script formation out of awareness while also maintaining a semblance of attachment with others. The Script System categorizes human experience into four primary components: script beliefs; behavioral, fantasy and physiological manifestations; reinforcing experiences; and the intrapsychic process of repressed needs and feelings (Erskine, 1982/1997; Erskine & Moursund, 1988/1998; Erskine & Zalcman, 1979/1997: Moursund & Erskine, 2004).

Script Beliefs are the compilation of survival reactions, implicit experiential conclusions, explicit decisions, self-protective processes, self-regulating fantasies, relational coping strategies, and reinforcements that have occurred in the process of relating to others over the course of one's lifetime. Script beliefs are often a condensed expression of an unexpressed life story. They represent, in one phrase, an elaborate, often unexpressed, narrative. Script beliefs, which are usually not conscious, are the person's unique understandings and interpretations of the value of self, significant relationships and life's events. Script beliefs, in and of themselves, are not pathological; rather, they represent a desperate, creative process of meaning-making. They function to provide a sense of self-regulation, compensation, orientation, self-protection, and an insuring prediction of future relational interactions. They also self-define one's integrity. In essence, script beliefs provide an unconscious organization of experience.

These beliefs may be described in three categories: beliefs about self, beliefs about others, and beliefs about the quality of life. Once formulated and adopted, script beliefs influence what stimuli (internal and external) are attended to, how they are interpreted and whether or not they are acted on. They become the self-fulfilling prophecy through which the person's expectations are inevitably proven to be true because they create a sequence of "repetitious relational experiences" (Fosshage, 1992, p.34).

The script system is unconsciously maintained in order (a) to avoid re-experiencing unmet needs and the corresponding feelings suppressed at the time of script formation, (b) to generalize the unconscious experience of self in relationship with others, (c) to create a homeostatic self-regulation, (d) to provide a predictive model of life and interpersonal relationships (Erskine & Moursund, 1988/1998; Moursund & Erskine, 2004). Suppression, generalization, self-regulation and prediction are important psychological processes particularly relied upon when there is uncertainty, a crisis or trauma. Although a previously created Life Script is often personally and relationally destructive, it does provide psychological balance and homeostasis; it maintains continuity with the past while it also provides the illusion of predictability (Perls, 1944; Berne, 1964; Bary & Hufford, 1990). Any disruption in self-regulation, interruptions in continuity or

change in the predictive model of the script system produces anxiety. To avoid such discomfort, people organize current perceptions and experiences so as to maintain a life script and to justify their behavior (Erskine, 1981; Erskine and Trautmann, 1993/1997).

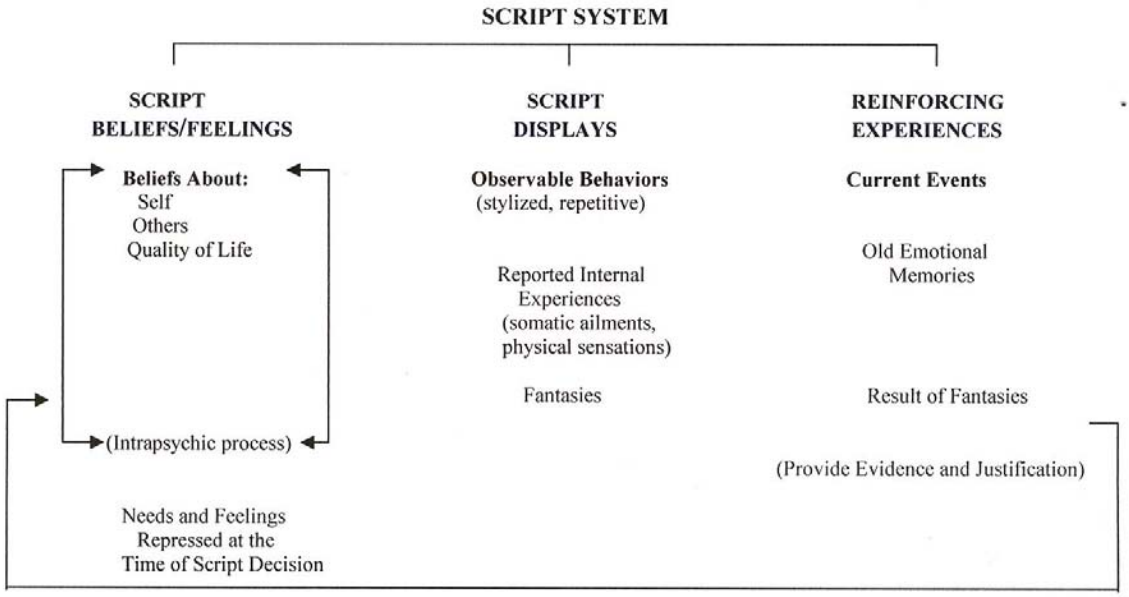

Figure 1
The Script System

In the case example that follows, John´s life story illustrates how his script system was a repetition of his past and also how his script determined both his identity and his relationships with people. In addition, his story illuminates how the quality of interpersonal contact in the therapeutic relationship facilitated the client becoming conscious of his script beliefs and in making significant changes in his life. As John´s narrative unfolds, look for the various ways his five core script beliefs are portrayed in his behaviors, fantasies, body tension, transference, and reinforcing memories. Each of these expressions of a life script are often evident in the therapeutic relationship, either by observation or through transference, long before the actual words of the script beliefs are put into social language. Script Beliefs are frequently expressed through the client's unaware prefixes, parenthetical phases or concluding statements to either a current or an old story. Unconscious script beliefs are often observable through various expressions, such as body posture and movement, forgotten appointments, misplaced objects, repeated physical injuries, or errors in reasonable judgment. It is an essential task of the psychotherapist to decode the behavioral,

imaginative, transferential, and physiological expressions of a life script. The decoding is accomplished through phenomenological and historical inquiry, therapeutic inference within a developmental perspective and a relational dialogue (Erskine, Moursund & Trautmann, 1999). As the client´s life narrative is revealed in the therapeutic relationship, the script beliefs are expressed, often without awareness, as a way to tell the condensed version of a significant emotionally-filled story of personal relationships.

John's Loneliness

When John first came to therapy, he had no knowledge of how pervasive his script system was in determining the course of his life. He was not particularly aware of his core beliefs, cognizant of his behavior and physiological reactions, or conscious of his feelings and needs. He had only a general knowledge of his experiences as a child. He remembered the house he lived in and the woods where he spent a lot of time playing with his dog. His father had been a caretaker on a large estate and his only time with other children was when he went to school. He remembered spending hours walking in the woods. The one feeling he could identify was that he was lonely a lot of the time. He said this as a factual statement with no apparent affect present. John could not remember sensitive family interactions such as gestures of caring, words of encouragement, or conversations about his feelings.

John had consulted with his primary care physician who referred him to psychotherapy. John's eyes focused either on the floor or the wall as he described the two major losses in the previous year – a divorce from his wife and the death of his father. He reported that he kept busy at work ¨ in order not to have my imaginations -- bad thoughts and feelings¨. "This is what I have always done my whole life, just to keep going", he told me. When I asked him about his reason for coming to see me he said it was because his doctor thought it might help him if he talked with someone about his losses. I asked John how he understood psychotherapy to work and John replied, "I have to build some strength to help myself". He went on to describe his father's motto as "Keep a stiff upper lip and just do it". Over several sessions it became evident that John, in the process of growing up, came to the decision that to do whatever it was he needed to get done, he had to be strong and follow his father's advice.

In the intake interview, I asked a number of questions about John's history and family relationships. His answers were simple and direct about his teenage years and either vague or non-existent when I asked about his school and pre-school years. Although his answers in the initial interview did not seem disorganized or contradictory, there appeared to be a significant lack in his ability to form a consistent narrative about his early life experiences and relationships.

I wondered about the quality of his interpersonal relationships with each of his parents. I ended our initial session thinking about what internal images John may have of significant others, including extended family members and teachers and what internal influence those significant others may still have in his life. In our second session I asked John to describe how he envisioned a therapeutic relationship with me. He talked about his mistrust of therapists in general and he wasn't sure that any professional person could help him. I inquired about how he experienced talking to me. He said that he thought that he "might be able to trust" me but that I probably could "not be helpful" for some things that had already happened. His body appeared very tense and he would look at me periodically and then quickly look away. I told him that I understood his reluctance to trust me and I assured him that, if he let me, I could most likely help him resolve the emotional losses of his wife and father. I explained to John that, as he told me more about himself, the significance of his losses would become clear to both of us. In my own mind I raised several questions about what prior childhood losses may have occurred and may not yet be available to consciousness, either because they were so early or that they may never have been talked about with an interested and involved other. Later, as our psychotherapy progressed, I thoroughly inquired about his early childhood and the quality of his significant relationships. In our first few sessions I realized the depth of John's loneliness that was portrayed in his descriptions of his childhood, his struggle to be with me and by the fragmentary information he gave me about his family life during his school and pre-school years. His lack of narrative about his family life left me feeling an emptiness and wondering about the emotional neglect that may have existed within his family. My countertransference was already forming and informing. Over the next several sessions we established our psychotherapy relationship. I focused on the qualities I could bring to our therapeutic work: my unconditional regard for John, my commitment to sustaining a relationship of quality between him and me, my sense of presence in helping him to regulate his affect, and my interest in the development of John's narrative of his life.

In subsequent sessions he then went on to talk about how difficult it was for him to understand that anyone could be interested in listening to him. He did not have a frame of reference that included someone being there for him and certainly not someone being interested and involved in his well-being. As I encouraged him to put words to his experiences with people he said, "People are only interested in themselves". Often as I sat and listened attentively, he would say that he could not comprehend how I could listen to his 'rhetoric'. My responses were to tell him that I wanted to listen to him, to everything he said, to his emotions and even to his silences. I wanted to hear about his experiences. I wanted to be there with him and for him. In the following session I encouraged John to tell me more about his term 'rhetoric'. My phenomenological and historical inquiry guided him into a memory of being at the dinner table with his parents. John remembered that he had started to tell his parents about making a speech in his third grade class that day. His father responded with, "That's just a bunch of rhetoric" and his

mother remained silent. He was devastated by his father's remarks as well as his mother's non-involvement. John, like his mother, went silent; he had never spoken to anyone about this memory. When I responded compassionately, John spontaneously remembered another time; when driving to his grandparents' house, he had started to tell his parents about a new friend he made that day in school. His father's immediate response was that "Friends don't stay around, so don't get too excited". In both of these instances, John's experiences of excitement and joy were dismissed. As he finished these two stories, I inquired about what he was feeling. He gave what I later discovered to be his typical answer, an "OK". He said that his father's remarks didn't bother him. I told him that I was feeling sad for a little boy who compensated by saying it was ¨OK¨ when it was not. I reiterated that he had been excited about his third grade speech and about finding a new friend. I expressed that I was excited for him as that little boy. After a few minutes of silence, John responded with the wish that his mother could have said those words to him. He said, "No one is ever there for me". I again said that I was glad for him as a little boy who was excited about his speech and finding a new friend. I also told him that I was quite sad to hear that no one had been excited for him. In doing so, I identified the sadness about which John could not speak. Together we acknowledged his sense that in these two instances no one was emotionally present for him and that he was deeply sad. In the last half of the session I had him imagine giving his third grade speech in front of the classroom. He described showing a picture of a bear to his class. He was again excited as he fantasized telling his fellow students about the way bears hibernate in the winter. This eight year old boy had interesting information about the habits of bears and he wanted to share it with the class.
I also imagined being in his classroom listening with interest to his presentation, much as a proud parent or good teacher might do. When he was finished, I voiced my excitement about his enthusiastic presentation. Although I could not satisfy his archaic needs to define himself, to make an impact on others, and to be acknowledged for his accomplishments, I did validate these as important relational-needs of the eight year old boy as well as the current needs of a mature man. He looked at me and smiled. His body posture relaxed as he sighed. Phenomenological inquiry, developmental attunement, and my emotional involvement were deepening our connection and providing an opportunity for him to talk about his memories, feelings and physical sensations. I was forming an understanding of the meanings John made of these memories and how he unconsciously organized his life experiences.

During the next few sessions it became clear that John's childhood experiences were organized around his beliefs about self : "No one is ever there for me", "I have to do everything myself" and "My feelings don't matter". His motto, which he manifested in his day-to-day activities, was "Work hard and don't complain".
I realized that this motto was a derivation of his father's "Keep a stiff upper lip and just do it." Together we continued to identify how active these three core beliefs were in determining his behaviors, both when he was alone and when he

was with other people. In every situation he was convinced that he had to do things all by himself because no one would be there to help him; “People are only interested in themselves”. His orientation of self-in-relationship-with-others, which originated in his relationships with his parents, was being repeated with everyone in his adult life.

I continually inquired about his life. Unemotionally, John talked about how his father never showed any interest in playing or talking with him. John had no siblings and the only children he spent time with were those at school. He spent a lot of time on his swings or with his dog. He reported spending hours alone in the woods on the estate. When asked about each of these experiences he could not identify any feelings. His affect was, at best, flat and often non-existent. As he continued in therapy, John began to talk more frequently about his memories. He was able, through my phenomenological inquiry, to discover his feelings of sadness and loneliness. Several times he was surprised at the extent of his feelings and that he was telling me about how he managed his loneliness. As a child he had never thought to go to his parents; he was certain that they would be neither emotionally present nor interested in him. He never got angry or complained. He repeatedly experienced that protest or complaints ¨only made matters worse¨. He had no memories of his mother ever complaining about his father’s constant criticism of everyone or his lack of interest in either her or John. ¨She appeared sad a lot of the time¨ but neither she nor his father talked about what she was feeling. On many occasions he saw his father ¨shut down when any feelings started to surface¨, ¨Feelings were never talked about¨. He learned early on that any sadness he expressed was identified as tiredness by his mother. Anger was not to be voiced. Loneliness was his secret!

John recalled how even with his former wife he never talked about his loneliness. Several times I inquired about his experience in the marriage. He described how his wife was “only interested in herself” and repeated his belief, ¨my feelings don’t matter¨. He later connected both of these script beliefs to his mother having told him that he was ¨a burden¨ when he was a young child. She never explained how he was a burden; that was left to his imagination. He fantasized that he had been too active and too emotional for her. He realized he had always expected that his wife would also say that he was too emotional for her, so he told her nothing of his feelings.

As John’s therapy continued, I strove to establish an attuned and involved relationship that provided security for him to remember many never talked about childhood memories, to sense his physical tensions and related experiences, to identify relational-needs, and express a whole range of feelings. I became the “one there” to counter his belief, “no one is ever there for me”. In order to facilitate John’s becoming conscious of his childhood experiences, he and I were engaged in a dialogue that gave validation of his feelings, reactions, and coping skills he used as a child. As a preschool and school-age child he neither had the

concepts, necessary language skills, nor parental encouragement to talk about his feelings. His mother and father did not engage him in dialogues wherein he could express himself. Because there was no relational language in the family, his emotional experiences were never acknowledged; they remained unconscious.

Prior to psychotherapy, John's explicit memories were few. His feelings, fantasies, bodily sensations, and significant experiences were not part of any conversation. In our psychotherapy, I continually inquired about John's bodily sensations and the extent of his beliefs about himself, others and the quality of his life. I listened to the nuances of his sadness and comforted him with compassion and validation. I encouraged him to take deep breaths and to let out the sounds and tears of his sadness. He repeatedly cried about how "Life is lonely". When he was angry I maintained a space for him to talk about his anger and to seriously attend to how he both experienced it in his body and also attempted to "shut down" like his father. As John struggled to articulate the narrative of his life he had my constant attention; he was validated and accepted by me. We often focused on how John used his script beliefs as an organizing schema both to create meaning and to reaffirm his childhood identity. We identified his repetitive behaviors, explored his fantasies, and clarified the function of his various script re-enforcing experiences. As a result, John was increasingly able to own his feelings, identify his relational-needs, and express his own uniqueness.

.

While spending many hours as a child without companionship, John fantasized himself doing things all alone but reaping appreciation from others for what he accomplished. In his play with toy soldiers, he imagined himself returning from war as a hero, greatly admired and cheered by all the people. As an adult, whenever he did something he waited for the 'cheers' that never came.

A frequently re-occurring dream involved scenes of John walking with his father on one side of him and his mother on the other. They are all holding hands and listening to John as they walk together in the woods. The dream would abruptly end and he would be flooded with sadness. Each of these failed fantasies and interrupted dreams reinforced his script beliefs and childhood sense of being all alone.

As we discussed his loneliness and his mother's lack of emotional contact with him, John remembered a man who worked with his father. Ted had kind eyes and was interested in what John was doing. Ted would stop working and talk with John. Sometimes Ted would share his lunch with John and entertain him with stories about being in the army during the war. Then, one day, John found out that Ted had been seriously injured on the job and that he would not be coming back to work. He never saw Ted again. In response to John's missing Ted, his father gruffly told him that Ted was lazy and deserved to get hurt. John wept as

he described how Ted would listen to him. He continued to weep while talking about the wooden gun that Ted had carved for him.

In the next session we explored how his earlier script conclusion made in reaction to his parents' behavior and lack of emotions had become reinforced when his friend Ted disappeared. That early childhood conclusion, "No one is EVER there for me", was cemented into a formidable life script with this reinforcing experience. I challenged the "No one will EVER be there for me" with the question "Ever?" I then had him close his eyes, look at the image of Ted and to talk to Ted about how he had been so significant in his life. After this emotion filled experience, John was able to retain a memory of his connection with Ted. He later referred to his relationship with Ted, ¨At least someone was once there for me¨. John's life script was changing.

One day he came into session and said that he had a new dream. He was in the woods near my office and this time he was with someone. They were talking and laughing together. He did not know who was in the dream yet he knew he liked the person. I asked him what the dream meant to him and he said that "maybe this is what is in the future for me". He smiled slightly and then gave a big, relaxing sigh. I asked, "What do you experience with that sigh?" "I went through a lot", John answered. "Now I do not feel so crazy and so alone anymore. My body is not as tense as it used to be". He then went on to talk about his father and his wish that his father were still alive so that he could "now have a real relationship".

As John's therapy continued, he developed a new sense of self. After two years, he was able to articulate the narrative of his life script. His script beliefs were no longer active; he changed many of his behaviors and he was expressive of his feelings. He understood and appreciated the coping, self-protective functions that his script beliefs once served him. John took the quality of our interpersonal therapeutic relationship as a model in forming meaningful work and social relationships. He began meeting regularly with his mother and their new relationship became increasingly satisfying. He no longer felt driven to keep busy all the time to avoid his feelings. After a vacation, he reported that he thoroughly enjoyed relaxing and doing nothing. He said, "I no longer feel lonely".

The Theory into Practice

When under stress, or when current relational needs are either not responded to or satisfied in adult life, explicit and/or implicit memory, physiological reactions or explicit decisions may be stimulated. A person is then likely to engage in compensating behaviors and/or fantasies that, in turn, distract from the internal emotionally-laden experience by verifying script beliefs. These compensating behaviors and fantasies are referred to as the *script displays.*

These script displays include any observable behaviors, such as choice of words, sentence patterns, tone of voice, displays of emotion, and/or gestures and body movements, that are the direct displays of the script beliefs and the repressed needs and feelings (an intrapsychic process). People usually act in a way defined by their script beliefs, such as John never asking friends for help even in situations where it was needed, believing "I have to do everything myself." As a result, his friends neither knew what he needed nor offered to help. The absence once again of his friends offering or providing help reinforced the script beliefs "I have to do myself" and "People are only interested in themselves".

Script beliefs may also be displayed through the absence of situationally appropriate behavior, such as the lack of eye contact or the socially typical expression of emotions in intimate interpersonal communications. John's lack of eye contact in his earlier sessions and the absence of natural emotional expressions are two examples of how an internal script belief will be externally displayed. Both of these types of behaviors emanated from the script beliefs "No one is ever there for me" and "My feelings don't matter". Each of these behaviors also serve to reinforce the script beliefs because they interrupted important interpersonal contact. Figure 2 is a diagram of the intrapsychic and behavioral dynamics of John's script system.

JOHN'S SCRIPT SYSTEM

SCRIPT BELIEFS/FEELINGS	SCRIPT DISPLAYS	REINFORCING EXPERIENCES
Beliefs About:	**Observable Behaviors**	**Current Events**
Self		
No one is ever there for me.	Absence of emotional expression	No emotional conversation with
I have to do everything	in interpersonal communication.	wife.
myself.	Lack of eye contact.	Wife divorcing.
My feelings don't matter.	Observable body tension.	Father dying.
	Works hard.	Little emotional contact with
	No complaints.	mother.
Others	"Just keep on going."	No help from friends.
People are only interested	Therapists "not helpful".	
in themselves.	Struggles to be with therapist.	
		Old Emotional Memories
Quality of Life		Mother and father "don't get
Life is lonely.	**Reported Internal Experiences**	excited", "don't get angry".
	Muscle tension.	Protesting made matters worse.
	Erratic breathing.	Mother: "You were a burden."
		Sadness identified by mother
		as tiredness.
		Mother remembered as silent
(Intrapsychic process)		and non-involved.
		Father critical of everyone.
Repressed Feelings		Loss of Ted.
Lonely		Awareness of muscle tension of
Sad		"I have to do everything myself."
Angry		
Repressed Needs	**Fantasies**	**Result of Fantasies**
To be validated and	As child: Being a "hero".	No actual appreciation for
acknowledged.	Getting appreciation from others.	being a hero.
To rely on someone.	(Dream) Holding hands and talking	No actual holding of hands
To have companionship.	abruptly ends.	and talking.
To define one's self.	As an adult: Being admired by others.	Waits for admiration.
To make an impact.	Imagining wife being interested in only	Many examples of wife's
	herself.	interest only in herself.
	Exaggerating father's criticisms.	Father: "a bunch of rhetoric"
	"I'm too active and emotional for	and "friends don't stay
	mother."	around".

Figure 2
John's Script System

As part of the manifestation of the script, individuals may have physiological reactions in addition to, or in place of, the overt behaviors. Often, these internal experiences are not readily observable; nevertheless, the person can give a self-report on bodily sensations such as fluttering in the stomach, muscle tension, headaches, colitis, or any of a myriad of somatic responses to the script beliefs. In John's situation, his body tension was easily observable and reflected all three of his script beliefs. Careful attention to John's body sensations, such as his erratic breathing and muscle tension, was essential in helping him experience the existence and depth of his affect.

The manifestation of the script also includes fantasies in which the individual imagines behaviors, either his/her own or someone else's. These fantasized interpersonal interactions and the quality of the outcome lends support to script beliefs. Fantasized behaviors function as effectively as overt behaviors (in some incidences even more effectively) in reinforcing the script beliefs and keeping the original needs and feelings out of awareness. At the beginning of his psychotherapy, John reported that he kept busy at work in order to avoid his "imaginations, bad thoughts and feelings". With consistent phenomenological inquiry about the full nature of his imaginations and "bad thoughts", it later became apparent that the content of his fantasy about his former wife and father actually functioned to confirm his beliefs "No one is ever there for me" and "My feelings don't matter" and "People are only interested in themselves". His fantasies were an elaboration of what he already believed. Fantasies act within the script system exactly as though they were events that had actually occurred. An understanding of how fantasy reinforces script beliefs is particularly useful to psychotherapists in organizing the psychotherapy for clients who engage in obsession, habitual worry, and fantasies of abandonment, persecution or grandeur (Erskine, 2002). As we explored John's childhood fantasies of being a hero and his current fantasies of being admired, the content of these fantasies did not directly reinforce his script beliefs. But, when he compared his wonderful fantasies with his actual reality in which no one cheered or listened to him, the contrast provided evidence that "No one is ever there for me".

Any script manifestation can result in a *reinforcing experience* - a subsequent event that "proves" that the script belief is valid and, thus, justifies the behavior. Reinforcing experiences are a collection of affectively-laden memories, either implicit or explicit, either real or imagined, of other people's or one's own behavior, a recall of internal bodily experiences, or the retained remnants of fantasies or dreams. John clung to the memory of his mother's silence and his father's criticism of his school story as "a bunch of rhetoric". He often recalled that event both at work and during his therapy when he was about to say something important. Retaining that selected memory and repeating it many times served to reinforce his script belief, "My feelings don't matter". John's frequent memories of the loss of Ted and his father's pessimistic comment

"Friends don't stay around" were often in John's mind. These repeated memories served to continually reinforce his script belief "No one is there for me".

Because of the homeostatic self-stabilizing function of Life Scripts, reinforcing experiences serve as a feedback mechanism to further strengthen script beliefs and to prevent cognitive dissonance (Festinger, 1958). Only those memories that support the script beliefs are readily accepted and retained. Memories that negate the script beliefs tend to be rejected or forgotten because they would challenge the beliefs and the whole self-regulating, homeostatic process.

The intrapsychic process of *repressed needs and feelings* are an unconscious accumulation of intense affects experienced over time when crucial physiological and relational-needs were repeatedly not satisfied. These feelings and needs are usually not conscious because the memory is either implicit, traumatically dissociated or reflects a repressed explicit experience. Also, the biological imperative of both physiological and relational-needs is not conscious, particularly in infants and young children. Often clients in psychotherapy gain awareness of these needs and feelings in the secure, reliable and respectful therapeutic relationship where there is sufficient affective and rhythmic attunement accompanied by a nonjudgmental phenomenological inquiry (Erskine, 1993/1997). John could speak of his loneliness early in therapy but it was a long while before he could express the depth of his sadness or even talk about being angry at his parents' refusal to talk about emotions as well as the absence of intimacy. He was eventually able to identify and articulate his needs in relationship with people. Five unrequited relational-needs were evident in John's narrative: to be validated and acknowledged; to rely on someone; to have companionship; to define one's self; to make an impact on others. Awareness of these crucial needs and feelings was no longer repressed by his script beliefs nor distracted by his behaviors or fantasies.

Script beliefs are a creative attempt to make sense of the experiential conclusions (usually non-conscious), explicit decisions and coping reactions. Script beliefs serve to cognitively mediate against the awareness of the intense feelings that the person lived during script formation. This cognitive mediation distracts from an awareness of both current relational-needs and the developmentally crucial physiological and relational-needs. The intense affects and needs may remain as fixated, implicit memories until life altering experiences or an effective therapeutic relationship facilitate integration. Prior to psychotherapy, John was perpetually immersed in his loneliness. The dream wherein he was walking with a friend near his therapist's office demonstrates the life altering effectiveness of an involved therapeutic relationship. John's life script of loneliness was coming to an end.

Each person's set of script beliefs provides a subjective self-regulating mental framework for viewing self, others and the quality of life. In order to engage in a

manifestation of the script, individuals must discount other options; they frequently will maintain that their behavior is the "natural" or "only" way they can respond. When used socially, script manifestations are likely to produce interpersonal experiences that, in turn, are governed by and contribute to the reinforcement of script beliefs. This cybernetic closed system provides a homeostasis, thus each person's script system is self-regulating and self-reinforcing through the operation of its four interrelated and interdependent subsystems: script beliefs; behavioral, fantasy and physiological manifestations; reinforcing experiences; and repressed needs and feelings. The unconscious script system serves as a distraction against awareness of past experiences, relational-needs and related emotions while simultaneously being a repetition of the past. The script system represents the client's unconscious organization of experience and provides a useful blueprint to help the psychotherapist and client understand how the Script is lived out in current life.

A cybernetic system such as the Script System is made up of "a set of components or parts that interact to form an organized whole" (Piers, 2005, p.230). Therefore, a change in one of the parts or subsystems will effect a dynamic change in the whole system. By therapeutically attending to physiological sensations and bodily experiences, behaviors and the functions of behaviors, fantasies and dreams, conscious and unconscious (implicit) memories, affects and relational-needs, and the client's core beliefs about self, others and the quality of life, the psychotherapist facilitates changes in the various subsystems that comprise the Life Script. Hence, the more areas attended to in the process of psychotherapy, the more likely we will facilitate a "script cure" (Erskine, 1980/1997).

Marye O'Reilly-Knapp, Ph.D., RN is an associate professor at Widener University School of Nursing and a certified Transactional Analyst. She maintains a private practice as a psychotherapist and certified clinical nurse specialist in adult psychiatric/mental health nursing. For the past two years, Marye has served as Executive Director of The International Integrative Psychotherapy Association. She is a frequent presenter at international conferences and has published on the psychotherapy of trauma, dissociation, and the schizoid condition. Marye is an associate of the International Integrative Psychotherapy Association of New York and has contributed to the development of theory in both Transactional Analysis and Integrative Psychotherapy. Since 1997 she has served as a lecturer at the Moscow Transactional Analysis Institute in Moscow, Russia.

Richard G. Erskine, Ph.D has been the Training Director at the Institute for Integrative Psychotherapy in New York City since 1976. He is a licensed clinical psychologist, licensed psychoanalyst, certified clinical transactional analyst (trainer and supervisor), a certified group psychotherapist, and a UKCP and EAPA certified psychotherapist. He is the author of numerous articles on

psychotherapy theory and methods and has twice received the Eric Berne Scientific/Memorial Award for advances in the theory and practice of transactional analysis. He has co-authored four psychotherapy books that have been published in several languages, the most recent with Jane Moursund, entitled Integrative Psychotherapy: The Art and Science of Relationship (2004, Thompson: Brooks/Cole).

References

Bary, B., & Hufford, F. (1990). The six advantages to games and their use in treatment planning. *Transactional Analysis Journal,* 20, 214-220.

Berne, E. (1958/1976). Transactional analysis: A new and effective methods of group therapy. In E. Berne (Ed.), *Beyond Games and Scripts.* New York: Grove Press. (Original 1958, *American Journal of Psychotherapy).*

Berne, E. (1961). *Transactional analysis in psychotherapy: A systematic individual and social psychiatry.* New York: Grove Press.

Berne, E. (1964). *Games people play: The psychology of human relationships.* New York: Grove Press.

Berne, E. (1966). *Principles of group treatment. New York: Grove Press.*

Erskine, R. G. (1980/1997). Script cure: Behavioral, intrapsychic, and physiological. In R.G Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 151-155). San Francisco: TA Press. (Original work published 1980. *Transactional Analysis Journal,* 2: 102-106.

Erskine, R.G. (1981, April). Six reasons why people stay in script. Lecture. Professional Training Program, Institute for Integrative Psychotherapy, New York.

Erskine, R. G. 1982/1997). Transactional Analysis and family therapy. In R. G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp.174-207). San Francisco: TA Press. (Original work published in A.M. Horne & M.M. Ohlsen (Eds.), *Family Counseling and Therapy* (pp.245-275), Itasca, IL: F.E. Peacock Publishers,1982.

Erskine, R.G. (1993/1997). Inquiry, attunement and involvement in the psychotherapy of dissociation. In R.G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 37-45). San Francisco: TA Press. (Original work published 1993. *Transactional Analysis Journal,* 23: 185-190.

Erskine, R.G. (2002). Bonding in relationship: A solution to violence. *Transactional Analysis Journal,*32: 256-260.

Erskine, R.G. & Moursund, J.P. (1988). *Integrative Psychotherapy in Action*. Newbury Park, CA. & London: Sage Publications. (Reprinted in paperback 1998, Gestalt Journal Press, Highland, NY.)

Erskine, R.G., Moursund, J.P., & Trautmann, R.L. (1999). *Beyond empathy: A*

therapy of contact-in-relationship. Philadelphia: Brunner/Mazel.
Erskine, R.G., & Trautmann, R.L. (1993/1997). The process of integrative psychotherapy. In R.G. Erksine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp.79-95). San Francisco: TA Press. (Original work published in B.B. Loria (Ed.), The Boardwalk Papers: Selections from the 1993 Eastern Regional Transactional Analysis Conference (pp. 1-26), *Madison, WI: Omnipress,* 1993.
Erskine, R.G. & Zalcman, M.J. (1997). The racket system: A model for racket analysis. In R.G. Erskine, *Theories and methods of an integrative transactional analysis: A volume of selected articles* (pp. 156-165). San Francisco: TA Press. (Original work published 1979. *Transactional Analysis Journal,* 9: 51-59).
Festinger, L. (1958). The motivating effect of cognitive dissonance. In G. Lindzey (Ed.), *Assessment of Human Motives.* New York: Rinehart.
Fosshage, J.L. (1992). Self-psychology: The self and its vicissitudes within a relational matrix. In N. Skolnik & S. Warshaw (Eds.), Relational perspectives in psychoanalysis (pp.21-42). Hillsdale, NJ: The Analytic Press.
Moursund, J.P. & Erskine, R. G. (2004).*Integrative psychotherpay:The art and science of relationship.* Pacific Grove, CA:Brooks /Cole –Thomson Learning.
Perls, F.S. (1944). *Ego, hunger and aggression: A revision of Freud's theory and method.* Durban, South Africa: Knox Publishing.
Piers,C. (2005). The mind's multiplicity and continuity. *Psychoanalytic Dialogues.*15(2): 239-254.

FOOTNOTE:

The script system was originally published with the title "The racket system: A model for racket analysis" (Erskine & Zalcman, 1979/1997). Because the term "rackets" did not translate well into other languages and because it described elements of script, in subsequent writings it was renamed the Script System (Erskine & Moursund, 1988/1998).

Original article was published in: O'Reilly-Knapp, M. & Erskine, R. G. (2010). The Script System: An Unconscious Organization of Experience. In R. G. Erskine (Ed.), Life Scripts: A Transactional Analysis of Unconscious Relational Patterns. (pp. 291-309). London: Karnac Books. Reprinted with kind permission of Karnac Books. http//www.karnacbooks.com/Product.asp?PID=27778.

Date of publication: 13.11.2010